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**CITY OF BRISTOL
BOARD OF FINANCE AGENDA REQUEST FORM**

To: Board of Finance Commissioners

From: Police Department
(Requesting Department)

Date: April 8, 2019
(Submission Date)

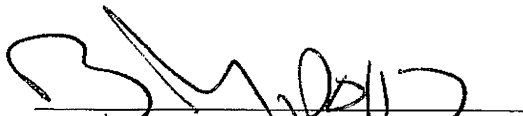
For the April 23, 2019 Board of Finance Meeting Agenda
(Date of Meeting)

This request is for:
(Please check the type of request and list in whole dollar amounts)

- Additional Appropriation \$ _____
- Transfer from Contingency \$ _____
- Transfer(s) \$ 8,240
- Grant \$ _____
- Carry-over(s) \$ _____
- Other

Approval:

This request was approved by the Board of Police Commissioners
(governing Board of your department)
at its meeting held on April 16, 2019.
(date)


(Department Head's signature)

All requests to appear on the Board of Finance meeting agenda for consideration must be submitted to Jodi McGrane in the Comptroller's Office by 10:00 a.m. Monday of the preceding week of the meeting. Board of Finance Meetings are held on the fourth Tuesday of each month at 5:30 p.m. in the Council Chambers.

Board of Finance Agenda Request Form

Reason for request:

Transfer to Admin Prof Fees to cover expenses.

Transfer to Communications Travel Reimbursement for travel to training classes.

Transfer to ACO Schooling and Education for training class.

Transfer to Police Traffic Maint Overtime Wages to cover overtime for Public Works installing signs while Traffic Maint. Employee is out injured.

Additional Appropriation(s) and/or Appropriation(s) complete the following:

Account	Account Name	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Transfer(s) complete the following:

From: 0012110-514000 Admin Reg Wages	To: 0012110-531000 Admin Prof Fees	Amount: \$4,000
From: 0012115-531140 Comm Training	To: 0012115-554000 Comm Travel Reimbursement	Amount: \$100
From: 0012312-561800 ACO Program Supplies	To: 0012312- 581135 ACO Schooling & Education	Amount: \$140
From: 0012111-514000 Police Maint Reg Wages	To: 0012111-515100 Police Maint Overtime Wages	Amount: \$4,000

Grants:

Total Amount: Grant \$_____

City Share \$_____ %

Federal/State Share \$_____ %

Carry-overs list the following:

Account	Account Name	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____